



Atty. Docket No. 2944 (203-4027)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT(S): Paul A. Scirica et al.

EXAMINER: Unassigned

SERIAL NO.: 10/764,103

GROUP: Unassigned

FILED: January 23, 2004

DATED: July 29, 2004

FOR: **SURGICAL STAPLING DEVICE WITH DISSECTING TIP**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**MAIL STOP: NON-FEE AMENDMENT**

**AMENDMENT TRANSMITTAL FORM**

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ Small entity status of this application under 37 C.F.R. §1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity under 37 C.F.R. §1.9 and 1.27 is enclosed.

☒ No additional fee is required.

For	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate (Small Entity)	Addit. Fee	Rate	Addit. Fee
TOTAL CLAIMS*	2	2	0	x 9 =	\$0	x 18 =	\$0
INDEPENDENT CLAIMS	1	1	0	X 42 =	\$0	x 84 =	\$0
<input type="checkbox"/> First Presentation of Multiple Dep. Claim				130		+ 260	\$0

\* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

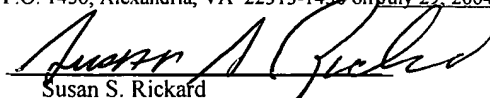
\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed

**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Mail Stop: Non-Fee Amendment, Commissioner of Patents, P.O. 1450, Alexandria, VA 22313-1450 on July 29, 2004.

Dated: July 29, 2004

  
Susan S. Rickard

- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$\_\_\_\_. Two (2) copies of this sheet are enclosed.
- ☐ A check in the amount of \$ \_\_\_\_\_ is enclosed.
- ☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. "1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 21-0550. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,

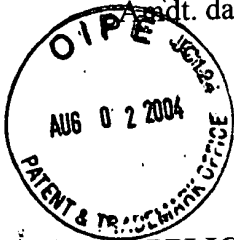


Paul R. Audet  
Reg. No. 26,439  
Attorney for Applicant(s)

**Send correspondence to:**

Paul R. Audet  
United States Surgical, A  
Division of Tyco Healthcare Group LP  
150 Glover Avenue  
Norwalk, CT 06856

Appl. No. 10/764,103  
Amend. dated July 29, 2004



*I#w*

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**Mail Stop: Non-Fee Amendment**

**PRELIMINARY AMENDMENT**

Sir:

Prior to examination, please amend the above-identified application as follows:

**Amendment:** begins on page 2 of this paper.

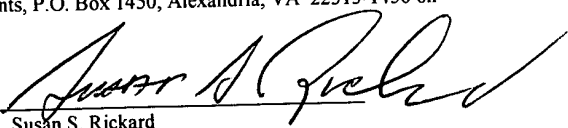
**Remarks/Arguments:** begin on page 3 of this paper.

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